

City of Collinsville Recycle Program

Word: City Office Documents/IESI Recycle Trash Option Request

Date of Request: _____

Customer Name (Print): _____

Customer Name (Signature): _____

Account Number: _____

Physical Address: _____

Mailing Address: _____

Request for _____ additional recycle bins.

Request for \$1.00 discount per month on recycled service.

Qualification: Age 62 or over

Disabled

Veteran

Request for the Option Out of recycled service.

Qualification: Age 62 or over

Disabled

Veteran